

9304

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <b>121</b>	
County <u>Greenlee</u>		State <u>Ariz.</u>		Registered No. <b>22</b>	
District or Township		City <u>Mounei</u>		or Village	
2. FULL NAME <u>Thomas Coors Hamilton</u>		No. <u>P.O. Box</u>		St. <u>Franklin</u>	
(a) Residence, No. <u>Franklin</u>		(Usual place of abode)		Ward	
Length of residence in city or town where death occurred		yrs. mos. / ds.		How long in U.S. if of foreign birth	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>July 27 1919</u>					
7. AGE	Years <u>16</u>	Months <u>10</u>	Days <u>29</u>	IF LESS than 1 day or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>farm labour</u>					
(b) General nature of industry, business or establishment in which employed (or employer) <u>gen. farming</u>					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Miami Ariz.</u>					
10. NAME OF FATHER <u>Thos. R. Hamilton</u>					
11. BIRTHPLACE OF FATHER (State or country) <u>Santa Clara Utah</u>					
12. MAIDEN NAME OF MOTHER <u>Mary Coors</u>					
13. BIRTHPLACE OF MOTHER (State or country) <u>Brigham City Ariz.</u>					
14. Informant <u>Albert R. Hamilton</u>					
15. <u>July 29 1936</u> <u>D.M. Harrison</u> / Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>June 27 1936</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>June 26 1936</u> to <u>June 27 1936</u> that I last saw him alive on <u>June 27 1936</u> and that death occurred, on the date stated above, at <u>11:12 p.m.</u> The CAUSE OF DEATH* was as follows: <u>central embolism</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) <u>splenoid abscess</u>					
(duration) yrs. mos. ds.					
18. Where was disease contracted if not at place of death? <u>Franklin Ariz.</u>					
Did an operation precede death? <u>no</u> Date of					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>clinical</u>					
(Signed) <u>C. H. Cunningham</u> M. D. (Address) <u>Wagon</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima Arizona</u>					
20. UNDERTAKER <u>W. H. P. P. P. P.</u>					
DATE OF BURIAL <u>June 29 1936</u>					
ADDRESS <u>Wagon</u>					